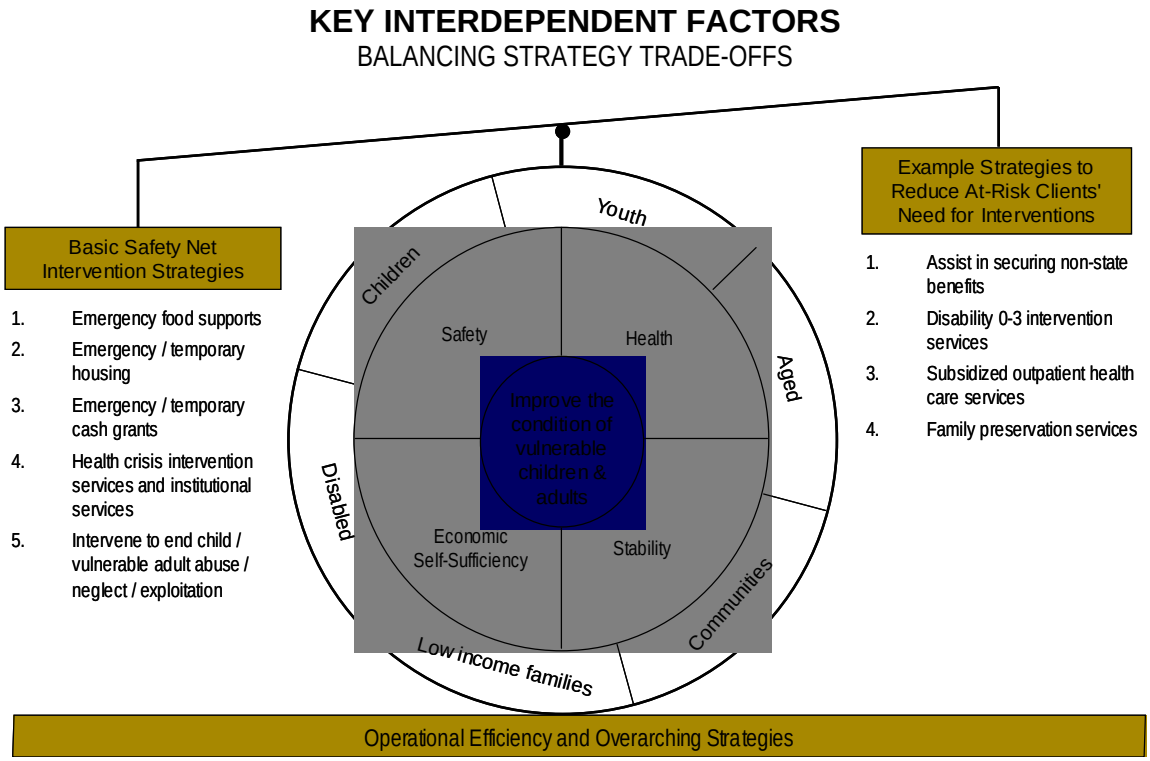
Improve the Condition of Washington's Vulnerable Children and Adults Tollgate #3

1. Map of Causal Factors



2. List key indicators of success and high-level purchase strategies. Please note if changes have been made from Tollgate #2.

<u>Key Indicators of Success</u>

1) Decrease the percentage of individuals and families living in poverty.

- Percentage of state population living in poverty.
- Percentage of disabled adults who are employed.
- High school graduation/GED rates.

2) Increase the percentage of vulnerable children and adults living in permanent families and safe home or community settings.

- Confirmed abuse/neglect/exploitation rate.
- Ratio of entries/exists of dependent children into out-of-home care.
- Ratio of caseload using home and community services versus institutional-based settings.
- Percentage of homelessness

3) Increase ability of communities, families and individuals to address their own social and health services needs.

- Community risk and protective factors profile.
- Percentage of population that meets Self-Sufficiency Standard (UW)

High-Level Purchase Strategies

(Strategies not addressed in initial Tollgate 3 purchase plan are italicized.)

Safety

1) Prevent/intervene to end abuse/neglect/exploitation
2) Prevent/intervene to end homelessness
3) Provide discharge planning for youth/adults released from institutional settings
4) Regulate service providers that work with vulnerable children and adults

Health

5) Provide behavioral health crisis intervention services
6) Promote usage of early intervention/least restrictive services
7) Provide 0-3 early identification/intervention disability remediation services
8) Expand access to health insurance
9) Promote adequate supply of quality providers
10) Promote healthy personal behaviors

Economic Self-Sufficiency

11) Provide emergency/temporary resource supports to those in crisis
12) Provide application assistance to individuals eligible for non-state income supports/benefits
13) Provide job retention supports
14) Remove barriers to employment or job retention
15) Ensure adequate job preparation
16) Ensure availability of living wage jobs

Stability

17) Secure permanent placements for children who cannot live with their parents
18) Ensure access to safe, affordable child care or adult day care
19) Promote consistent caregiving
20) Ensure access to stable employment/family income
21) Ensure access to safe, affordable housing
22) Ensure access to basic health care services
23) Ensure access to adequate nutrition
24) Promote community infrastructure (aka collective efficacy)

Overarching strategies

25) Promote use of research or evidence-based best practice
26) Increase intra- and cross-system coordination
27) Develop data driven decision support systems
28) Perform quality assurance of services purchased or provided
29) Reduce tort liability exposure

3. Based on agency budget submittals, agency responses to targeted budget instructions, and other research since Tollgate #2 please answer the following questions:

A. What one or two new ideas suggested by your team or agencies appear most worth pursing to improve results or reduce costs?

1) Evidence-based practices

There is strong interest in the idea of more effectively investing human service dollars by focusing on investments in evidence-based practices.

The Washington State Institute for Public Policy issued a report this summer titled "Benefits and Costs of Prevention and Early Intervention Programs for Youth. The Executive Summary of this report notes that, "while Washington has taken significant steps in recent years, many currently funded prevention and early intervention programs in the state have not been rigorously evaluated. Thus, for many programs in Washington, there is insufficient evidence at this time to determine whether they produce positive or negative returns for taxpayers." Although the WSIPP report looked only at prevention and early intervention programs, the same statement might well be made about many state funded treatment programs.

Full implementation of this concept could affect both state delivered and state contracted services across the prevention-to-intervention continuum (e.g. secondary prevention services such as children's Alternative Response Services or intervention services such as children's mental health services). Furthermore, this idea could be used to evaluate both currently funded services as well as proposals for new program investments (such as expanded drug and alcohol treatment). The Vulnerable Children and Adults team does not necessarily anticipate cost reductions through implementation of this idea, but does anticipate improved results (cost effectiveness).

2) Shift from institutional-based service delivery when appropriate to community-based service delivery

This idea has been discussed in previous Tollgate presentations.

3) Integrate children/family social services with K-12 educational delivery system

Children from families with social service issues (such as poverty, abuse or neglect, drug/alcohol abuse, untreated health conditions, etc.) are less likely to perform well in school than other children. Some of these children and their families are eligible for existing state funded social service programs but have not been referred for services or have not connected with state service programs for other reasons. Some of these children and their families are not eligible for existing state social service programs, but might benefit from early engagement or prevention programming.

Benefits of increased collaboration between the state educational system and the state social service system would include earlier identification of families eligible for state social services, the likelihood of increased follow-through on social service referrals, and better social service and educational outcomes. The schools could contract with social service providers (DSHS could assist in coordinating a statewide approach) to provide prevention and engagement services to children and families. Additionally, DSHS could co-locate some state social service staff on school campuses to improve coordination.

4) Identify and enroll eligible veterans in fully federally funded benefit programs
Of the estimated 670,000 veterans living in Washington, only 13% receive benefits from the federal Veteran's Administration. Many more veterans or their family members are probably also eligible for federal VA benefits. Through contact with the state's Division of Veteran's Affairs' Veterans field outreach program or through contact with other state agencies, the state can identify veterans and family members eligible for enrollment in federal benefit programs.

An anticipated result of undertaking this activity is a potential cost savings to the state. Many veterans eligible for federal benefits are instead making use of state-only funded services (such as GAU/X) or joint state-federal funded services (such as Medicaid long-term care services or mental health) that they might not need if they were enrolled in the federal benefit programs. Additionally, some veterans are waitlisted for state services (such as vocational rehabilitation services), but could instead be receiving federally funded services without delay.

The Department of Social and Health Services and the Department of Veterans Affairs have already begun some projects to try and identify state served veterans, or their family members, who might be eligible for federal benefits. Some savings have been achieved already, but there is more that could be done to implement this idea.

B. What changes in government operations, or in state law, are necessary to implement these new ideas?

1) Evidence-based practices
There are a number of barriers to shifting to investing in evidence-based practices:
a) *Lack of research-based evaluations for many programs and types of services*
There is not a lot of evidence (pro or con) regarding specific services or programs in many of the state's service lines. In these areas, the state cannot rely on evidence to guide contracting decisions. A shift to evidence-based programming likely will require the state to invest in expanded data collection activities. Small state agencies and contractors may not have in-house expertise necessary to undertake rigorous research-based program evaluations. Furthermore, if the state should decide to increase investments in research, it necessarily means a reduction in funding available for direct service delivery.

b) *Fear that ability to invest in promising approaches will be constrained*
Staff from a number of state agencies and vendors have expressed concern that an emphasis on evidence-based contracting will limit funding available for trying out new approaches.
c) *Fear that the state's vendors will be adversely impacted*
Many of the state's vendors are funded almost solely with state contract dollars. Termination of contracts with vendors who provide services believed to be ineffectual may impact those organizations' ability to remain in business. There would be incentive for the state's contractors to lobby for less rigorous evaluation standards. To retain vendors, it might be necessary to invest in technical assistance to them to shift their programming to services shown to be evidence-based.

2) Shift from institutional-based service delivery when appropriate to community-based service delivery
a) Federal Veteran's benefits structure favors institutional over community care
The federal government reimburses states that deliver services to veterans in state operated veterans homes at a higher rate than if the state served those same veterans in other care settings (regardless of whether those benefits could appropriately be served in less restrictive settings).
b) Community Not-In-My-Backyard Reactions (NIMBYism)
Although many clients currently served in institutional settings do not require hospital or institutional level treatment, community fears restrict the ability to discharge to less acute care in community settings. Community land use laws restrict siting.
c) Capital barriers to development of community-based facilities
The state capital budget process has historically tended to favor the development of institutional projects versus community facility projects.
d) Biennial budget process
Although a shift to more community-based service delivery might, in the long run, provide cost savings to the state, the shift requires an upfront investment (e.g. in planning and capital), and the savings may not be realized in the same biennium. The requirement of a short-term investment is a disincentive to state budget writers trying to develop a balanced biennial budget.
e) State statutory language
The state Constitution requires the state to operate institutions for persons with mental illnesses and developmental disabilities and soldier's homes for honorably discharged veterans. Furthermore, the state's veteran's homes and institutions for persons with developmental disabilities are each individually named in statute.

3) Integrate children/family social services with K-12 educational delivery system
a) Organizational structure of DSHS and the school districts
Within DSHS, there are multiple operating divisions (e.g. the Economic Services Administration, the Health and Rehabilitation Services Administration, and the Children's Administration) each with different regional structures and contractor networks. Likewise, there are numerous school districts – often many within each

DSHS region and some crossing DSHS regional boundaries. Coordination difficulties make statewide implementation difficult.

4) Identify and enroll eligible veterans in fully federally funded benefit programs
No operational or legal barriers have been identified at this time.